

B 10 (Official Form 10) (04/07)

<b>UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor Harry Colon	Case Number 09-18815 ELF	<b>THIS SPACE IS FOR COURT USE ONLY</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i> DEUTSCHE BANK NATIONAL TRUST COMPANY, AS TRUSTEE FOR LONG BEACH MORTGAGE TRUST 2006-W1.1	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices Should be Sent Washington Mutual Corporation Attn: OH4-7133 3415 Vision Drive Columbus, OH 43219		
Last four digits of account or other number by which creditor identifies: 4039	<input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____ Check here if this claim	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other _____ <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS#: _____ Unpaid compensation for services performed From _____ to _____ (date) (date)		
<b>2. Date debt was incurred:</b> 08/31/05 <b>3. If court judgment, date obtained:</b>		
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Unsecured Non priority Claim \$ _____</b>   <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.             </div> <div style="width: 48%;"> <b>Secured Claim</b>   <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).   <b>Brief Description of Collateral:</b>  <input checked="" type="checkbox"/> Real Estate      <input type="checkbox"/> Other _____  <input type="checkbox"/> Motor Vehicle   <b>Value of Collateral: \$ _____</b>   <b>Amount of arrearage and other charges at time case filed included in secured claim, if any: <u>\$22,563.80</u></b> </div> </div>		
<b>Unsecured Priority Claim</b>  <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.  Amount entitled to priority \$ _____  Specify the priority of the claim:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier – 11 U.S.C. § 507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(5).		
<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507(a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  <i>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
<b>5. Total Amount of Claim at time Case Filed:</b> \$ _____ <b>\$115,947.90*</b> \$ _____ <b>\$115,947.90*</b> (unsecured)      (secured)      (priority)      (total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>7. Supporting documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized Statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and Copy of this proof of claim.		<b>THIS SPACE IS FOR COURT USE ONLY</b>
Date 1/11/2010	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy Of power of attorney, if any): <u>/s/ Leslie E. Puida, Esquire</u> Gary E. McCafferty, Esq. Leslie E. Puida, Esq. Ann Swartz, Esq.	

**RE: Harry Colon**

**REINSTATEMENT AMOUNT (Arrearages and Foreclosure Costs and Fees)**

2 Monthly Payments @ \$981.03 each (from 08/08 – 09/08)	\$1,962.06
2 Monthly Payments @ \$932.58 each (from 10/08 – 11/08)	\$1,865.16
12 Monthly Payments @ \$934.82 each (from 12/08 – 11/09)	\$11,217.84
Late Charges	\$274.62
Advance for Taxes and/or Insurance	\$2,547.32
Property Inspections	\$133.25
BPO Fee	\$313.00
NSF Fees	\$18.15
Sub-Total:	<u>\$18,331.40</u>

**Breakdown of Foreclosure Fees & Costs:**

Standard Foreclosure Fee	\$1,170.00
Prothonotary	\$192.40
Sheriff-Service Costs	\$195.00
Sheriff- Sale Costs	\$2,000.00
Title Search	\$400.00
3129 Certification	\$125.00
Title Claim Counsel Fee	\$150.00
Sub-Total Legal Costs and Fees:	<u>\$4,232.40</u>

**TOTAL: \$22,563.80**

**The current monthly payment is \$932.58.**

**The current principal balance is \$95,634.43.**

**Mortgage Recorded on 08/31/2005, in Chester County, at Book #6660, Page 1027.**

**Property Address: 437 Maple Avenue Coatesville, PA 19320**

**\*This figure is not a payoff figure and should not be construed as such. Please contact counsel or creditor for current, accurate payoff figures.**